Name: _____   Employee Number: _____

Agency Name: _____   Division: _____

Low Org: _____   Distribution Code: _____

Pay Period Effective Date: _____   Company: _____
(MM/DD/YYYY)

PAYROLL SYSTEM - SALARY SPLITS

Line Number	Percent	Fund	Agency	Low Org	Approp. Unit	Activity	Reporting Category	Project Job	Function
(Default) 1									
2									
3									
4									
5									
6									
Total		Total must not exceed 100%							

Budget Officer Approval: _____   Date _____

Entered By: _____   Date Entered _____